

New Jersey State Department of Education  
Office of Licensure and Credentials

**NON-CITIZEN CERTIFICATE RENEWAL REQUEST /  
AFFIDAVIT OF INTENT TO BECOME A CITIZEN**

**IMPORANT: This form is to be completed by only those individuals who are NOT U.S. citizens.**

**A.** Please print your name as it appears on any documentation that you are required to submit.

Last Name		First Name		Middle Name/Initial	
Street Address					
City			State		Zip
Social Security Number		Date Of Birth	Month	Day	Year
E-mail Address		Phone Number	Area Code		

**B.** Oath of Intent

Oath of intent to become a citizen of the United States.

I, \_\_\_\_\_, being of adult age and duly sworn upon my oath do depose (or hereby affirm) and say that:

- a) I make this affidavit to clarify my citizenship status in order to be eligible for licensure by the New Jersey State Board of Examiners.
- b) I seek licensure for employment as a \_\_\_\_\_.
- c) I am currently a citizen of \_\_\_\_\_.
- d) I intend to become a citizen of the United States within the next five (5) years. I expect to become a United States citizen by \_\_\_\_\_.
- e) I understand that if I do not become a United States citizen within the next five (5) years, the certificate will not be eligible for renewal again.
- f) My current status in this country is that of \_\_\_\_\_.

**PLEASE COMPLETE SECTIONS ON NEXT PAGE**

<b>C. Certification</b>	
Responses to the following two questions are mandatory. Failure to complete these items will result in rejection of the candidate's application for certification.	
	Circle which applies below
Have you ever had a certificate revoked or suspended in this or any state or any jurisdiction outside of the United States?	Yes                  No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States?	Yes                  No

<b>D. Verification of Accuracy</b>	
I hereby certify under penalty of perjury under the laws of the United States of America that the factual representations made by me herein are true and accurate.	
Applicant's Signature (in ink)	Date
Sworn and subscribed to before me this _____ day of _____, 20____	
Notary Seal	Notary Signature



Once completed, mail this **form** along with an **application with a certified check or money order in the amount of \$95.00** made payable to the Commissioner of Education to:

New Jersey State Department of Education  
Office of Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Non-Citizen Certificate Renewal Request